

McAttee

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece. 	<p>A. Signature <div style="display: flex; align-items: center;"> X <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Addressee </div> </div> </p> <div style="display: flex; border-top: 1px solid black;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 5px;">B. Received by (Printed Name)</div> <div style="flex: 1; padding-left: 5px;">C. Date of Delivery</div> </div>
<p> </p> <p>Alabama Department of Public Safety P. O. Box 1511 Montgomery, AL 36102-1511</p>	<p>Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">AUG 02 2007</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2:07cv692 (completes 40 sup)</p> <p>7005 1160 0001 2962 4905</p>	
<div style="display: flex; justify-content: space-between;"> PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </div>	